U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

O DRUPP	
1 File Number U - 8979	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name Sean McGarvey	Name International Union of Painters & Allied Trade
	Labor Organization File Number 000-035
P O Box, Bidg , Room No , if any	P O Box, Building and Room Number, if any
Street 1750 New York Avenue, N W	Street 1750 New York Avenue, N W
City Washington	City Washington
State District of Columbia ZIP Code + 4 20006-5301	State District of Columbia ZIP Code + 4 20006-5301
5 Position in labor organization General Vice President at Lar	ge

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including	trade name, if any)	7 a Nature of Interest, Transaction, or Income	
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
		7 b Amount	
Street			
City			
State	ZIP Code + 4		

## Signature

15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable p	enalties of the law, that all of the information
submitted in this report (including the information contained in any accompany	ing documents), has been exa	mined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct and complete (See the sec	ction on penalties in the instruc	ctions )
1 100 M		
Signed	on 8/15/05	202 637-0700
	Date	Telephone Number

Name of Person Filing Sean McGarvey	File Number U-	
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8 Name and address of Business (including trade name, if any)  Name Kelly Press, Inc  Trade Name, if any  P O Box, Bidg, Room No, if any  Street 1701 Cabin Branch Drive  City Cheverly  State Maryland ZIP Code + 4 20785	9 Business deals with    X   a Labor Organization   b Trust   c Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name, if any  P O Box, Bidg , Room No , if any	Business provides printing service labor organization In 2004, proviservices.	s and materials to ided convention
Street  City  State  ZIP Code + 4	11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  3/17/04, lunch, \$55.31  5/22/04, dinner, \$126.02  11/4/04, lunch, \$79 27  12/25/04, gift(turkey), \$33 50	\$1,570,879
	12 b Amount	\$294
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bidg , Room No , if any  Street  City  State  ZIP Code + 4	14 a Nature of payment	
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.	

Name of Person Filing Sean McGarvey		File Number U-	
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise		
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name IUPAT Industry Pension Fund	5. <i>T</i>		
Trade Name, if any	X a Labor Organizati	on	,
P O Box, Bldg , Room No , if any	c Employer		
Street 1750 New York Avenue, N W			
City Washington			
State District of Columbia   ZIP Code + 4 20006			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealin	9	
Name _	Affiliated Pension costs	Fund - dealing co	nsists of shared
Trade Name, if any	Filer is a trustee with expenses incur		e in connection
P O Box, Bidg , Room No , if any			* t
Street	11 b Approximate dollar value	e of such dealing	\$839,191
City ;	12 a Nature of interest held		
State ZIP Code + 4	1/27/04, meal, \$52 1/28/04, meal, \$58 2/4/04, meal, \$88 3/28/04, meal, \$95 9/14/04, meal, \$137 10/13/04, meal, \$56	47 92 57 84 7 04	-
		<u> </u>	
	12 b Amount	1	\$490
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name ,	i		4.
Trade Name, if any	i		
P O Box, Bldg , Room No , if any	•		
Street _	1		
City			
State \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		

Name of Person Filing Sean McGarvey		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)  Name   IUPAT Industry Pension Fund	9 Business deals with		
Trade Name, if any	a Labor Organiza	ation	
P O Box, Bldg , Room No , if any Street 1750 New York Avenue , N W	c Employer		
City Washington			
State District of Columbia ZIP Code + 4 20006			
10 If 9 b or 9 c is checked give trust or employer's name  Name	11 a Nature of such deals Affiliated Pension costs	Fund - dealing consi	sts of shared
Trade Name, if any	Filer is a trustee with expenses incu	All payments are i	
P O Box, Bldg , Room No , if any Street	44 h Annovince delle vel		
City	11 b Approximate dollar valu		\$839,191
State ZIP Code + 4	12 a Nature of interest hel 11/3/04, meal, \$21 12/10/04, meal, \$7	.3 75	
	12 b Amount	T.	\$288
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name	ı		
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street			
State ZIP Code +4			
13 b Is the Business an Employer   or Consultant ?	14 b Amount of payment		

Name of Person Filing Sean McGarvey		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name IUPAT Industry Pension Fund			
Trade Name, if any	a Labor Organiza	tton	
P O Box, Bldg , Room No , if any	c Employer	1	
Street 1750 New York Avenue, N.W			
City Washington			
State District of Columbia ZIP Code + 4 20006			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deals	ng	
Name [	Affiliated Pension costs	Fund - dealing consists of shared	
Trade Name, if any		All payments are in connection rred on behalf of the fund	
P O Box, Bldg , Room No , if any	 	I the said of the said	
Street	11 b Approximate dollar valu	ue of such dealing \$839,191	
City	12 a Nature of interest hel		
State ZIP Code + 4	Paid directly to h 1/27/04, meal, \$16 9/13/04, meal, \$71	notel(s) for meals	
	<del> </del>   <b>                                  </b>		
	<u>.</u>		
	12 b Amount	\$239	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street	i		
City			
State   ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.		

Name of Person Filing Sean McGarvey	File Number 0-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, If any)	9 Business deals with		
Name IUPAT Industry Pension Fund	X a Labor Organization		
Trade Name, if any	b Trust		
P O Box, Bldg , Room No , if any	c Employer		
Street 1750 New York Avenue, N W	_ o Employer		
City Washington			
State District of Columbia ZIP Code + 4 20006			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	Affiliated Pension Fund - dealing consists of shared costs		
Trade Name, if any	Filer is a trustee All payments are in connection		
P O Box, Bldg , Room No , if any	with expenses incurred on behalf of the fund ,		
Street	11 b Approximate dollar value of such dealing \$839,191		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	Paid directly to hotel(s) for lodging 1/26-1/30, 5 nights, \$2358 75 9/13-9/14, 2 nights, \$341		
	12 b Amount \$2,700.		
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Emptoyer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any	·		
P O Box, Bldg , Room No , if any			
Street			
City			
State , ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing Sean McGarvey	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)  Name Political Action Committee Services LLC	9 Business deals with		
Trade Name, if any PO Box, Bldg, Room No, if any #D 103 Street 7700 Old Branch Avenue City Clinton	a Labor Organization  b Trust  c Employer		
State Maryland ZIP Code + 4 20735			
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name, if any	11 a Nature of such dealing Business provides accounting services to IUPAT		
P O Box, Bldg , Room No , if any Street			
City State ZIP Code + 4	11 b Approximate dollar value of such dealing \$51,300  12 a Nature of interest held or income received  11/16/04, meal, 36.64		
	12 b Amount \$37		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing Sean McGarvey	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name IUPAT Joint Apprenticeship Training Fund  Trade Name, if any	X a Labor Organization	1	
PO Box, Bldg , Room No , if any Street 1750 New York Avenue, N W	b Trust	İ	
City Washington			
State District of Columbia ZIP Code + 4 20006			
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	Affiliated apprenticeship fund - shared costs	dealing consists of	
Trade Name, if any			
P O Box, Bldg , Room No , If any			
Street	11 b Approximate dollar value of such dealing	\$271,319	
City	12 a Nature of interest held or income received		
State ZIP Code + 4	2/5/04, meal, \$35 20 2/5/04, meal, \$238 40 2/6/04, meal, \$32 42 2/6/04, meal, \$31 58 2/7/04, meal, \$28 73 2/7/04, meal, \$41 20 2/7/04, meal, \$58.54		
	12 b Amount	\$466	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , If any		To the second se	
Street	1		
City	1		
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing Sean McGarvey	File Number U-
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8 Name and address of Business (including trade name, if any)  Name IUPAT Joint Apprenticeship Training Fund  Trade Name, if any  P O Box, Bidg, Room No, if any  Street 1750 New York Avenue, N W  City Washington  State District of Columbia ZIP Code + 4 20006	9 Business deals with    X   a Labor Organization   b Trust   c Employer
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name Trade Name, if any P O Box, Bldg , Room No , if any	Affiliated apprenticeship fund - dealing consists of shared costs
Street	100
City	11 b Approximate dollar value of such dealing \$271,319  12 a Nature of interest held or income received
State ZIP Code + 4	6/24/04, meal, \$67 49
	12 b Amount \$67]
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name	
Trade Name, if any	
P O Box, Bldg , Room No , if any	
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant _ ?	14 b Amount of payment

Name of Person Filing Sean McGarvey		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name IUPAT Labor Management Cooperation Initiativ  Trade Name, if any  P O Box, Bldg, Room No, if any  Street 1750 New York Avenue, N.W  City Washington  State District of Columbia ZIP Code + 4 20006	9 Business deals with    X   a Labor Organiza   b Trust   c Employer	tion		
		<del></del>		
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name, if any	Affiliated labor mof shared costs.  Filer is a trustee with expenses incu	anagement fund -	re in connection	
P O Box, Bldg , Room No , if any	1		i	
Street	11 b Approximate dollar valu	ue of such dealing	\$226,441	
City	12 a Nature of interest hele	d or income received		
State ZIP Code + 4	2/1-4/04, hotel, \$ 2/1/04, meal, \$171 2/2/04, meal, \$41. 2/2/04, meal, \$129 2/3/04, meal, \$35 2/9/04, meal, \$70 2/22/04, meal, \$70	68 22 .16 01 82		
	12 b Amount		\$2,364	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name	1			
Trade Name, if any				
P O Box, Bldg , Room No , if any	}			
Street	1			
City	1			
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing Sean McGarvey	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Labor Management Cooperation Initiativ	a Labor Organization			
Trade Name, if any	b Trust			
P O Box, Bldg , Room No , if any	c Employer			
Street 1750 New York Avenue, N W				
City Washington				
State District of Columbia ZIP Code + 4 20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name	Affiliated labor management fund - dealing consists of shared costs			
Trade Name, if any	Filer is a trustee. All payments are in connection with expenses incurred on behalf of the fund			
P O Box, Bidg , Room No , if any	-			
Street	11 b Approximate dollar value of such dealing \$226,441			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	2/7/04, meal, \$65.24 2/22/04, hotel, \$324.82 2/22/04, hotel, \$162.41 6/03/04, meal, \$95 40 6/11/04, meal, \$19 03 6/23/04, meal, \$87.53			
	12 b Amount \$754			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing Sean McGarvey		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name IUPAT Labor Management Cooperation Initiativ  Trade Name, if any  P O Box, Bldg , Room No , if any  Street 1750 New York Avenue, N W  City Washington  State District of Columbia ZIP Code + 4 20006	9 Business deals with    X   a Labor Organization   b Trust   c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name	Affiliated labor management fund - dealing consists of shared costs			
P O Box, Bldg , Room No , if any	Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund			
Street	11 b Approximate dollar valu	ue of such dealing	\$226,441	
City ,	12 a Nature of interest held or income received			
State ZIP Code + 4	3/27/04, meal, \$105 26 5/6/04, meal, \$65 47 .8/18/04, meal, \$92 79 9/10/04, meal, \$51.90 9/10-11/04, hotel, \$457 05 12/17/04, Christmas Gift, \$61 95			
	12 b Amount		\$834	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name			 	
Trade Name, if any				
P O Box, Bldg , Room No , if any				
	1			
Street				
City	:			
State ZIP Code + 4				
13 b Is the Business an Employer   or Consultant ?	14 b Amount of payment			

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.